

Multi-payer patient-centered medical home stakeholder group

Senator John Wightman and Senator Mike Gloor

Meeting date: Monday September 8, 2014, 1:30 to 3:30 p.m.

Meeting place: **Room 1524**, State Capitol Building, Lincoln, Nebraska

Persons in attendance

Senator Gloor, David Palm, University of Nebraska Medical Center; Dr. Bob Rauner, Healthy Lincoln \Serpa\NMA; Dr. Shaffer, and Clint Williams of BC/BS; Bruce Reiker, NHA; Heather Leschinsky, Nebraska Medicaid; Matt Milam, Dr. Tony Sun and Dr. Mike Horn of United Healthcare; Margaret Kohl, Staff Senator Gloor; Roger Keetle, Staff Senator Wightman; Bryson Bartels, DHHS; Margaret Brockman, Office of Rural Health; Tina Morlan, AHP; Nancy Thompson and Jennifer Genua of the Community Health Center Association

By Conference call: Dr. Steve Lazoritz, Arbor Health; Dr. David Filipi, BC/BS; Corinne Smith, Robin Linsenmayer, Arbor Health; Sarah Hotovy, SERPA-ACO; Jina Raglin, Nebraska Medical Association;

Minutes of the meeting

A. Welcome: Senator Gloor welcomed the attendees who then introduced themselves.

B. Anti-trust statement: Senator Gloor presented the anti-trust statement to set the rules for the discussion.

C. Milbank Fund request for letter to support extending the Medicare Demonstration:

Unless the current Medicare Demonstration is continued, the seven states currently in the demonstration program will lose Medicare participation while the first three years of the program is still under evaluated. The Milbank Fund has requested that other states and organizations write letters to CMS in support of the continuation of the demonstration program during the evaluation. At the last meeting, several of the persons in attendance said that the organizations that they represent would support and sign such a letter. Attached as exhibit "1" is text of such letter. The letter was circulated for signatures and will be sent to those not in attendance.

D. Update on NASHP grant (new application) Margaret Kohl reported that Nebraska is included under another grant from NASHP called "Project Community". Under this grant for 18 months, Nebraska will have access to NASHP's resources, list serve and consultants. Attached as exhibit "2" is additional information concerning the list serv.

E. Maternity outcome measures committee progress report: Dr. Rauner reported that the committee had met and developed a list of measures. The final four major measures are: OB risk screening using a common tool, timeliness and frequency of prenatal visits frequency of ongoing prenatal care and induction of labor. A full copy of the subcommittee report is attached as exhibit "3".

- A major cost to the Medicaid program is OB complications but the Medicaid managed care

companies use different risk assessment forms that ask for varying information. This creates a problem in that OB patients are not assigned to a particular managed care organization and physician for 2 to 3 months. It would benefit the patients, the physicians and the managed care companies if the form and information was standardized on a common form and used at the initial visit for Medicaid managed care and all OB patients regardless of the payer source.

- The form is based upon the form used by Arbor Health. A copy of the form was requested so that it might be made an exhibit for these minutes.
- Issues concerning the forth measure were discussed. The measure cannot be tracked by claims data and requires separate reporting. It was reported that hospital utilization review committees collect this data and use this measure for internal quality reviews. Bruce Rieker, NHA agreed to assist in making the measure universal at all Nebraska hospitals that provide newborn delivery services.
- It was moved by Lazoritz, and seconded by Dr. Rauner to adopt the proposed prenatal measures. The proposal was adopted unanimously.

F. Alegent ACO presentation. Dr. Kevn Nohner presented a Power point presentation which is attached as exhibit "4".

- Issues discussed:
 - Providers need a payment for adopting electronic medical records (EMRs), paying the cost of case managers and for making the necessary changes to their practices.
 - A major problem is the hand off of care to Skill Nursing Facilities (SNFs) to provide continuity of care. SNF's lack EMRs. The current use of fax messages should be changed to email.
 - The current incentives favor the use of physical therapy services for SNF patients and LOS that use the entire Medicare benefit.
 - Dr. Rauner commented that until quality of care measures are adopted, quality cannot be measured and that the cost of implementation must be shared by all payers for the measuring of quality to be economically feasible.
 - Some chain drug stores are not reporting immunizations to PCMHs and it is expensive to track down if the immunizations have been done.
 - Action item: Consider changing legislation to require such provider to report to a central registry and make the information available to all providers.
- Access to mental health records by primary care physician is limited by federal privacy law but is necessary to provide care. It requires imbedded mental health practitioners to have access the information and then provide needed mental health services. This barrier to care should be addressed.

G. Information exchange: Nothing was reported.

H. The next meeting will be set after polling the stakeholders for a date in November or December to report from the insurer about the establishment of PCMH practices.